

Commonwealth Children's Center
Enrollment/Tuition Agreement – July 2018-June 2019

(one for each child please)

Office Use

Child's Name _____ **Date of Enrollment** _____

State Employee *yes no* **Tier** _____ **Bi-weekly Tuition Rate \$** _____ **Deposit \$** _____

Commonwealth Children's Center (CCC) is primarily supported by tuition, whose financial integrity and cash flow are dependent on each family's timely and consistent payments throughout the year. To maintain a high quality, well prepared program and achieve our goal of providing a stable, carefully planned curriculum for children on an ongoing basis, we ask parents to sign the following agreement each year.

In return for the ongoing child care services provided by the Commonwealth Children's Center for my child, I agree to the following terms of enrollment, as well as those policies outlined in the Parent Handbook.

- 1) To pay bi-weekly tuition, *due by 5:30 pm every other Friday* for the current and upcoming weeks of child care. I am aware that there is a charge for late payments or returned checks (see Parent Handbook for specific charges), and that I risk losing my childcare slot if payments remain past due.
- 2) To pay a deposit equal to four weeks tuition to be refunded after the child's termination. ***Effective 9/1/2013 Forty-Five days notice is required. If such notice is not given, the deposit will not be refunded. No partial refund will be considered.** (see Parent Handbook regarding enrollment)
- 3) I understand that bi-weekly tuition is due 26 weeks a year as long as my child is enrolled at CCC, including days s/he is absent for illness or vacation and for days that the center is closed, as listed in the Parent Handbook.
- 4) To notify the Center immediately of any family income changes during the year so tuition can be adjusted accordingly.
- 5) To pay an annual enrichment fee in the amount of \$350 per child (\$100 for reduced rate families) on the date indicated on the Bi-Weekly Tuition chart. (Please see Parent Handbook regarding late payment fees).

Parent Name(s) _____, _____

Parent Signature(s) _____ Date _____

_____ Date _____

**** STATE and NONSTATE** employees must fill out this section and provide copies of all documentation to be considered for the voucher rate*, (income of \$75,000 or below) which is based on gross income. Gross income includes-but is not limited to-all wages and other income required to be reported on federal and state tax returns, all wages and other income of all adults living with the child and contributing to household expenses and/or contributing to childcare, and all familial or other third-party financial support used for and/or to offset tuition payments. *CCC additionally reserves the right to request and consider, at its sole discretion, additional information including asset information, in determining a family's eligibility for the voucher rate and to adjust tuition accordingly. In the event of any discrepancies, the maximum rate will be charged. The date on which employment commences or the date of termination determines income and state employee status. CCC reserves the right to amend the parent contract with or without notice in its sole discretion.*

*Voucher slots are limited and subject to review by the Board of Directors.

If you are a State Employee, you need only show your State ID as proof of State employment.

Contributing Adult 1: _____ Federal Tax Return _____ 2 current pay stubs

_____ Other (see above)

Total Gross Annual Income: \$ _____

Contributing Adult 2: _____ Federal Tax Return _____ 2 current pay stubs

_____ Other (See Above)

Total Gross Annual Income: \$ _____

Total Gross Annual Household Income: \$ _____

I agree that the above is an accurate representation of my household income. I understand this agreement must be updated if income or state employment status changes during the year.

Parent Signature(s) _____

Date _____

_____ Date _____